Application for Membership in Eden Area Interfaith Council

Email completed application to membership@edeninterfaith.org

Name (of Congregation, Organization or Individual)

_____

Religious Affiliation _____

Street Address _____

Phone Number _____

Website Address _____

Email Address _____

Applying as:

- ☐ Congregation
- ☐ Faith-based Organization
- ☐ Spiritually Independent (Individual)

Is your group a 501(c)3 organization? _____

Annual dues (January to December)

Congregation $100 Faith-Based Organizations $35

Individuals $25

(Adjustments may be made on consultation with President of EAIC).

Does your group agree with the goals and structure of the Eden Area Interfaith Council, as spelled out in the organizational By-laws? _____

Designated organizational representative for 2017:

_____

Alternate rep:

_____

Signature of Authorized Officer or Individual

_____ Date _____